



A NATIONAL PROGRAM
OF BRAILLE INSTITUTE

THE MISSOURI REGIONAL BRAILLE CHALLENGE

Hosted by Missouri School for the Blind
Sponsored by St. Louis Lighthouse for the Blind

2012 PERMISSION FORM

MUST BE SIGNED BY PARENT/LEGAL GUARDIAN AND BE RETURNED TO CHRISTINA KLEVORN, MISSOURI SCHOOL FOR THE BLIND, AT 3815 MAGNOLIA AVE., ST. LOUIS, MO 63110, OR FAX TO (314) 776-1875, BY JANUARY 26, 2012. ONLY CONTESTS SUBMITTED WITH A SIGNED PERMISSION FORM ATTACHED WILL BE ELIGIBLE FOR THE BRAILLE CHALLENGE® FINALS AT BRAILLE INSTITUTE®.

(Please print name clearly, as you would like it to appear on your certificate)

Last Name _____ First Name _____
Address _____ Apt. No. _____
City _____ State _____ ZIP _____
Birthdate _____ Age _____ Grade _____ Telephone (____) _____
E-mail _____ Alternate phone (____) _____

CONTEST RELEASE

☐ I hereby give permission to Missouri School for the Blind and Braille Institute of America, Inc. ("BIA"), for my child to participate in The Braille Challenge preliminary contest. I understand that if my child qualifies, he or she is eligible to attend The Braille Challenge final contest in Los Angeles on June 23, 2012.

PHOTOGRAPHIC RELEASE

☐ I hereby authorize Missouri School for the Blind and BIA to photograph, videotape, or otherwise record by visual, audio, electronic or manual means, the visual likeness and/or voice or other sounds created by the above named contestant (collectively "Reproductions"). Missouri School for the Blind and BIA may use or permit to be used the Reproductions in any CD, DVD, exhibition, display, publication, solicitation or promotional or educational material or on any website including without limitation BIA's website, Facebook, or YouTube without compensation to the contestant, the contestant's heirs, successors or assigns.

Parent's Signature _____
Print Name _____

TO BE COMPLETED BY AGENCY REGIONAL COORDINATOR

Regional Coordinator Name _____
Name of Teacher for Visually Impaired _____
Teacher's Email _____ Teacher's Phone _____

Mark one:

Student Contest Level ☐ App ☐ Fresh ☐ Soph ☐ JV ☐ Va

Mark one: ☐ At Grade Level **Or** ☐ Below Grade Level (BGL) (If Apprentice BGL ☐ Contracted or ☐ Uncontracted)

1-800-BRAILLE (272-4553) • www.braillechallenge.org